CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

Yes No		sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	3" income, trans irst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
Yes No		d certain other "excepted trusts" need not be discl	on Ethics and dependent chill	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
ESTIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — A
ered and the ss" response.	nust be answe ed for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _S	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No X	_	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No U	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No X	Q.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	No No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No X	ci	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _o	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
	a.er	OF THESE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	30 days late.	Termination Date:		Report May 16, 2011) Amendment
A \$200 penalty shall be assessed	A \$200 penalty	Employing Office:	Officer or Employee	Status Member of the U.S. State:
A CONTRACTOR OF THE PROPERTY O	OFFICE OF REIGHTS TO BOUND	u.s.		
3:30	2011 MAY 12 PM 3: 30	Daytime Telephone: 225 3806	Daytime 1	Name: Leonard L. Boswell
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Name Lconard
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Boswell

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

SCHEDULE I—EARNED INCOME

		in in it is a second
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA.
Lamoni Community School	Spouse Salory	387.04
State of Towa	Lapislative lension	8949.22

K D 4 K	* Lyrix Co (Callular Tower)	Breedmy Stock (cattle)	Farm Equipement	New Budg Burrell Townshy 6,724	DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts	SP, Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds.
	%/A	***			Indefinite	X	None \$1,901 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$50,001 - \$500,000 \$250,001 - \$500,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	X	Saile of calves		*//*	X	X	NONE DIVIDENDS RENT INTERISS CAPITAL GAINS EXCEPTED/BLINDFFRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
			4%N	N/A	Y X		None - \$1-\$206 = \$201 - \$1,000 ≡ \$1,061-\$2,500 ≥ \$2,501 - \$5,000 <	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
						S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE IV— TRANSACTIONS

Name Leonard L Boswell

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												Sale of calves	SP Example: Mega Corporation Common Stock (partial sale)	<u>,</u>	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.		Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
•															PURC	ASE	Type of Transaction
					9							×	X		SALE EXCHA	NGE	Type ansaction
										See Section 1					Check Bo Gain Exc	ox if Capital eeded \$200	
												11-11-10	10-12-10		Montnly, or Bi-weekly, if applicable	(MO/DAY/YR) or Quarterly,	Date
		. ``-					(1) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						X X		\$15,001 \$15,000 \$15,001	A B	
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			3		1 17		7. S. 1. S.								\$250,000 \$250,001 \$500,000	m	Amount of Transaction
															\$500,001- \$1,000,00 \$1,000,00 \$6,000,00	o "	ransac
	 										K		100 A		\$5,000,00 \$25,000,0	1- 00	tion
					. '	 <u>.</u>		\$2. 			104				\$25,000,0 \$50,000,0 Over \$50,000,0	DO	

SCHEDULE V— LIABILITIES

Name Leonard L Boswell

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

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				2		1,7,20	
				中	xample:		
				Western B	Example: First Bank of Wilmington, DE	C	
			,	<u>\$</u>	nington,	Creditor	
				LOON IA.	DE		
				Mar 2010	May 1998	Date Liability Incurred Mo/Year	·
-				theat Western Bank Leon It. Marzono Farm Operating loan	Mortgage on 123 Main St., Dover, DE	Type of Liability	:
						\$10:001- \$25,000 \$ \$15,001-	
	2			×		\$50,000 \$50,001	
			X & C		×	\$110,000	ş
				10 A		\$250,000 \$560,000	nount of
(1) (1) (2)						\$500,001- \$1,000,000 T \$1,000,001- \$5,000,000	Amount of Liability
• • • • • • • • • • • • • • • • • • • •	T					\$5,000,001	
		स्य स्थाप	5 18 m A	2.9 27	. (2. 12)	\$25,000,000	Į
	A 14		1 879 138 23 Texa			\$25,000,000 \$25,000,001; \$50,000,000	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	Example: Mr. Jo			
Source	Example: Mr. Joseph H. Smith, Anytown, Anystate			
	Description Silver Platter (determination on personal friendship received from Committee on Standards)			
D	nation on personal			
Description	friendship receive			
	ed from Committee			
	on Standards)			
≦	Value \$345			